

FOUR CORNERS REGIONAL CARE CTR
818 NORTH 400 WEST
BLANDING UT 84511
STATE'S REGION CODE: 001

PROVIDER #: 465057
PHONE NUMBER: (435) 678-2251
PARTICIPATION DATE: 05/17/1977

FACILITY BEDS
TOTAL: 104
CERTIFIED: 104
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/02/2004

TOTAL: 72
MEDICARE: 4
MEDICAID: 62
OTHER: 6

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 104

18 18/19 19 ICF/MR
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104

CURRENT SURVEY REVISIT DATES - 12/22/2004

PRIOR 3 SURVEY 09/2001	S/S CODE	PRIOR 2 SURVEY 11/2002	S/S CODE	PRIOR 1 SURVEY 11/2003	S/S CODE	CURRENT SURVEY 11/02/2004	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	E			X C	D	12/15/2004	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	D			X	D				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	D								REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	D								REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	B				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	D	12/15/2004	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
						X C	D	12/15/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E								REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	D						REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
						X C	D	12/15/2004	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E						REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0463-RESIDENT CALL SYSTEM
X	E								REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
09/2001 11/2002 11/2003 11/02/2004

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0021-DOORS IN FIRE AND SMOKE PARTITIONS
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0066-SMOKING REGULATIONS
K0073-FLAMMABLE FURNISHINGS
K0074-COMBUSTIBLE CURTAINS
K0076-MEDICAL GAS SYSTEM
K0104-PENETRATIONS OF SMOKE BARRIERS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	3	3	6
HEALTH TOTAL	4	3	3	6
LIFE SAFETY CODE	5	5	6	5
LIFE SAFETY CODE + HEALTH	9	8	9	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/13/2001	SUBSTANTIATED
10/30/2002	UNSUBSTANTIATED
04/22/2004	UNSUBSTANTIATED
01/13/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY